



City of Hawkinsville  
56 Broad Street  
Hawkinsville, Georgia 31036  
478-892-3240

**CHANGE OF RESPONSIBILITY FORM**

This application must be completed when the person listed on the account is deceased or account responsibility has been turned over to another family member. **Subject to applicable fees and deposits.**

Phone: (478) 892-3240 | Fax: (478) 783-1699  
In Person: 56 Broad Street | Hawkinsville, Georgia 31036  
By Mail: City of Hawkinsville  
P.O. Box 120 | Hawkinsville, Georgia 31036

**Service Location Information**

Current Customer Name:

Account Number:

Service Address:

**Responsible Party**

New Customer Name:

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I \_\_\_\_\_, give the City of Hawkinsville my permission to change the responsibility on above mentioned utility account and send any future bills to above address.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BILLING OFFICE USE ONLY**

Date Changed in System: \_\_\_\_\_ Initials of Billing Clerk: \_\_\_\_\_